

**BELMONT COUNTY COMMISSIONERS
REQUEST FOR VACATION AND OTHER LEAVE**

Name (print): _____

Today's Date: _____

I request _____ hours of leave

Beginning Date: _____ from _____ AM to _____ PM

Ending Date: _____ from _____ AM to _____ PM

CHECK ONE:

___ Vacation

___ Military

___ Leave without pay

___ Other, please explain: _____

Employee Signature

RECORD FOR OFFICIAL USE ONLY

Administrative Action:

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Recommended | <input type="checkbox"/> Approved |
| <input type="checkbox"/> Not recommended | <input type="checkbox"/> Denied |

Immediate Supervisor: _____

Date: _____

Appointing Authority: _____

Date: _____

Remarks:

DATE APPROVED _____

BELMONT COUNTY COMMISSIONERS